| PART B - FEE(S) TRANSMITTAL | | | | | | | |
|--|--|--------------------|--|---------------------------------------|---|---------------------------------|------------------------|
| complete and send this form, together with applicable fee(s), to: Mail | | | | | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | | |
| AUG 1 0 ZUC4 | • | | or] | Fax | (703) 746-4000 | | |
| NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance—te notifications. | | | | | | | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 07/28/2004 | | | | | Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. | | |
| KOPPEL, JACOBS, PATRICK & HEYBL AN ASSOCIATION OF PROFESSIONAL LAW CORPORATIONS SUITE 107 555 ST. CHARLES DRIVE | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. | | |
| THOUSAND OAKS, CA 91360 | | | | | Jeanette E. Casserly (Depositor's na | | |
| 08/17/2004 DEMMANU2 00000130 10665595 | | | | | Slanttle E. Cassery (Signat | | |
| 01 FC:1501 02 FC:1504 | | | | | August 11, | 2004 | <i>(</i> D |
| 03 FARBORIATION NO. | FILING DATCE OO OP | | FIRST NAMED INVE | | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/665,595 | 09/17/2003 | Brian Thibeault | | | | P0147US2-7 | 6811 |
| | · | | | | UBLICATION FEE | D EXTERNAL OPTICAL E | DATE DUE |
| APPLN. TYPE | SMALL ENTITY | | | | | | |
| nonprovisional | | | | · · · · · · · · · · · · · · · · · · · | | | 10/28/2004 |
| EXAMINER ART | | | | | | | |
| FORDE, REMMON R 2820 | | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list KOPPEL, JACOBS, PATRICK | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | or agents OR, alternatively, | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Goleta, California | | | | | | | |
| Please check the appropriate | | <u>-</u> | <u>.</u> | | individual o | corporation or other private gr | roup entity 🚨 governm |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | |
| ☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed. ☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| 🖾 Advance Order - # of Copies 10 🔀 The Director is h | | | | | | narge the required fee(s), or | credit any overpayment |
| | • | | Deposit Acc | ount Nu | ımber <u>11–1580 </u> | (enclose an extra c | opy of this form). |
| Change in Entity Status (a. Applicant claims SM | from status indicated above) ALL ENTITY status. See 37 | CFR 1.27. | ☐ b. Applica | ınt is no | ot claiming SMALL EN | FITY status. See, e.g., 37 CF. | R 1.27(g)(2). |
| The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco | blication Fee (if required) wi | ll not be accepted | from anyone | | | | |
| (Authorized Signature) | 111/00 | 11/04 | | | | | |
| This collection of information an application. Confidentialis submitting the completed appthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-1 | plication form to the USPTO for reducing this burden, sho nia 22313-1450. DO NOT S | lime will vary | depending u | on the | individual case. Any co | omments on the amount of ti | me you require to comp |

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.